

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 164
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Roy Blunt

Full Name (Last, First, Middle Initial) A. Greg Divis		Date of Receipt MM / DD / YYYY 12 / 23 / 2013
Mailing Address 17827 Greyabbey Ct.		Transaction ID : AA2CD6B3BDE4F4C52A4D
City Chesterfield	State MO	Zip Code 63005-4947
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer KV	Occupation CEO	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	
Full Name (Last, First, Middle Initial) B. James Benson		Date of Receipt MM / DD / YYYY 12 / 30 / 2013
Mailing Address 1 Boston Pl. Ste 3830C0		Transaction ID : A89415FA0328B43288EE
City Boston	State MA	Zip Code 02108-4407
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1500.00	
Name of Employer AALU	Occupation President/ceo	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	
Full Name (Last, First, Middle Initial) C. James Luetkemeyer		Date of Receipt MM / DD / YYYY 12 / 23 / 2013
Mailing Address 5609 Red Tail Ct.		Transaction ID : A772EC2FB27BA4FC789D
City Lohman	State MO	Zip Code 65053-9396
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Capital Eye Care INC	Occupation Physician	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	
SUBTOTAL of Receipts This Page (optional).....		2500.00
TOTAL This Period (last page this line number only).....		

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